

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF

COURT CASE NUMBER

Terrell Jones

08C586

08c586

DEFENDANT

TYPE OF PROCESS

S/C

Lt. Dahmen**SERVE**

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Corrections Officer Scott, Cook County Dept. of Corrections

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

ATCCJ, C/O Legal Dept., 2700 S. California Ave., 2nd. Flr., Div. 5, Chicago, IL 60608

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Terrell Jones, #2007-0057770Cook County JailP.O. Box 089002Chicago, IL 60608Number of process to be
served with this Form - 285

1

Number of parties to be
served in this case

9

Check for service
on U.S.A.

0

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All
Telephone Numbers, and Estimated Times Available For Service):

Fold

FILED
May 13 2008
MAY 13 2008 PH

Fold

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF☐ DEFENDANTMICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

TELEPHONE NUMBER

DATE

03-03-08

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINEI acknowledge receipt for the total
number of process indicated.(Sign only first USM 285 if more
than one USM 285 is submitted)

Total Process

7 of 9

District
of Origin

No. 24

District
to Serve

No. 24

Signature of Authorized USMS Deputy or Clerk

Td

Date

03-03-08

I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described
on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Officer Ronna Farnandis

Address (complete only if different than shown above)

☐ A person of suitable age and dis-
cretion then residing in the defendant's
usual place of abode.

Date of Service

5/08/08

Time

11:00

pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges
(including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal or

Amount of Refund

OneService Fee chargedsamecases location

REMARKS:

See process sheet # 1 for charge.